Department of Veterans Affairs **VHA DIRECTIVE 2006-059**
Veterans Health Administration
Washington, DC 20420 **November 3, 2006**

ACTIVE PATIENTS IN THE PRIMARY CARE MANAGEMENT MODULE (PCMM)

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes a standard set of rules for activation and inactivation of patients in primary care panels in the Primary Care Management Module (PCMM) software.

2. BACKGROUND: This VHA Directive builds on past directives that have required use of the VHA's PCMM software to assign patients to Primary Care Providers (PCPs) as part of the management of outpatient primary care.

a. PCPs manage the overall care provided to the majority of veterans in the Department of Veterans Affairs (VA) health care system and are a key factor in governing the total number of patients that can be cared for in the system. In order to manage VHA efficiently, ensure timely access, and provide quality care, it is important that VHA be able to quantify the primary care capacity and current primary care workload so that demand and supply can be aligned.

b. Current primary care workload can be measured using PCMM by determining the number of active primary care patients assigned in PCMM, utilizing appropriate PCMM fields (PATIENT TEAM POSITION ASSIGNMENT File 404.43, fields .01, .02, and .03). Recording of this primary care workload must be done in a standardized and consistent way throughout the VA health care system. A national roll-up of this information is not meaningful unless each site follows the same rules for recording this information. The standardized rules in this Directive reflect the method recommended by a group of physicians and PCMM Coordinators.

c. An important feature of these standardized rules is that they can be implemented using data available in national databases, including PCMM and visit files, and that they do not depend upon information that is available only in local Veterans Health Information Systems and Technology Architecture (VistA) databases, such as future appointments. It is recognized that, in formulating rules for activation and inactivation, there are several desired characteristics. On one hand, it is important not to include patients who are no longer in an ongoing primary care relationship with a given primary care provider or team. On the other hand, it is important to minimize the administrative burden of repeatedly inactivating and re-activating patients, and to allow full implementation of the initiatives of Advanced Clinic Access, such as lengthening re-visit intervals and providing alternative sources of care. In formulating these standardized rules, trade-offs between these characteristics are required, and there is no single perfect set of rules.

3. POLICY: It is VHA policy that all patients obtaining primary care services in a VA medical facility must be assigned as active patients in PCMM according to VHA guidance; patients who do not meet the criteria for active primary care patients must be removed from PCMM.

THIS VHA DIRECTIVE EXPIRES NOVEMBER 30, 2011

4. ACTION

a. **Veterans Integrated Service Network (VISN) Director.** The VISN Director is responsible for ensuring that the:

(1) VISN Chief Information Officer (CIO) verifies that the PCMM software is maintained and updated in all medical centers' VistA systems, in accordance with nationally-distributed software and software patches.

(2) The appropriate VHA Support Service Center (VSSC) staff maintain the web pages that:

(a) List currently assigned patients whose need meet the criteria for inactivation,

(b) List patients with dual assignments, and

(c) List facility PCMM coordinators and referral coordinators.

b. **Medical Facility Director.** The medical facility Director is responsible for ensuring that:

(1) Assignment as active patients in PCMM occurs under the following circumstances:

(a) Patients are assigned as an active patient in PCMM at the time they present for their first primary care appointment. It has been common practice to assign patients in PCMM at the time their first primary care appointment is created. However, an analysis of VHA experience showed that some patients do not appear for their first appointment and do not subsequently seek or receive primary care. As a consequence a substantial number of PCMM panel slots, estimated at approximately 50,000 nationwide, were occupied by patients who were not actually receiving primary care. However, medical centers must have in place clearly identified mechanisms to address patient care issues that arise before the patient is assigned in PCMM and must be scrupulous about ensuring that assignment in PCMM actually takes place when the patient presents.

(b) As a principle of primary care involves coordination of care by a single provider or team within a given VISN, each of the patients needs to have only one primary care provider. If a patient receives specialty care at a facility other than the one at which they receive primary care, they should not be assigned a separate PCP at the facility providing specialty services.

(c) In general, a patient should have only one PCP within the VA health care system. Exceptions may occur for patients who split their site of residence between two locations and spend significant amounts of time at both. If such patients have complicated care requiring close ongoing care management while in residence at both sites, it may be appropriate to have an identified PCP at each of the geographically distant residences. However, this practice needs to

be minimized, and patients who clearly have a principle site of residence should not be assigned a second PCP. Exceptions may occur for veterans with spinal cord injuries or disorders (SCI&D) receiving highly-coordinated dual care as delivered within the VHA Spinal Cord Injury (SCI) "Hub and Spokes" system of care. Their SCI provider may be assigned as a PCP in PCMM at the SCI Center and their local PCP (preferably SCI primary care team) may be assigned as a PCP in PCMM at the spoke facility.

(d) Patients who seek care from a VA site while traveling or need only episodic care are not to be assigned a second PCP at sites where they seek such care. ***NOTE:*** *It is important that the staff providing care at the secondary site communicate and coordinate care with the patient's home PCP.*

(e) When assigning a new patient in PCMM, the facility PCMM coordinator and any other staff responsible for PCMM assignment needs to determine if patient has already been enrolled at another facility. If so, they are to check VistA Web or Computerized Patient Record System (CPRS) Remote Data to determine if the patient is currently assigned to PCMM at their prior site(s) of care. If so, a determination needs to be made, with assistance as needed from the medical staff in Primary Care, whether the patient meets criteria for an exception from a single PCMM assignment as described in subparagraph 4a(1)(c).

(f) If the patient does not meet the criteria for an exception, the PCMM coordinator needs to communicate with the PCMM coordinator at the prior facility to inform them of the need to inactivate the patient's prior assignment in PCMM. ***NOTE:*** *The VSSC webpage maintains a current listing by facility of PCMM coordinators with contact information at: http://klfmenu.med.va.gov/pcmm/.* The PCMM coordinator needs to ensure that the "preferred facility" information in the Health Eligibility Center (HEC) database is updated to reflect the patient's transfer.

(g) If the patient meets the criteria for an exception, the staff where the patient is being newly assigned: ***NOTE:*** *Dual assignments are to be limited only to those patients who meet criteria.*

1. Designates the patient as appropriate dual assignment on the PCMM webpage on the VSSC webpage. ***NOTE:*** *A tutorial on this process is available at the National Training and Education Office Advanced Clinical Access Training Home Page at http://vaww.vistau.med.va.gov/vistau/aca.*

2. Determines, working collaboratively with the patient, which facility should be designated in the HEC database as the preferred facility.

3. Ensures any needed updates in HEC database are made.

(2) Inactivation of primary care patients from a PCMM panel occurs under the following circumstances:

(a) The patient expires.

(b) Established patients have not been seen by their current or prior PCP or Associate Provider (AP) in the past 24 months.

(c) Patients decide to discontinue VA care or move away, and no longer require ongoing VA primary care at a given location where they are currently assigned in PCMM. When staff becomes aware of the veteran's plans to transfer care to another VA medical center, they need to assist in the transfer by contacting the accepting VA medical center's referral coordinator to communicate the patient's plan and care needs. ***NOTE:*** *A list of facility referral coordinator is also available on the VSSC website at:* *http://klfmenu.med.va.gov/pcmm/* **.**

(3) Patients appropriate for removal are identified and inactivated on a regular basis. This needs to occur monthly, with more frequent review and updating of panels encouraged.

(a) A list of patients who meet the rules to be inactivated is available through the VSSC Web site at http://klfmenu.med.va.gov/pmab/panel1.asp.

(b) A list of patients who are have more than one PCMM assignment is also available at the website at: http://vssc.med.va.gov/PMAB/ASSIGNDUPLICATE.ASP.

(4) The facility PCMM coordinator staff sees that patients with appropriate dual assignments are so designated on the VSSC webpage.

c. **Facility Chief Information Officer (CIO).** The facility CIO is responsible for general monitoring of the transmission of active patient and provider data at regular intervals through the use of the "PCMM HL7 TRANSMISSION option [SCMC PCMM HL7 TRANSMIT], the PCMM REJECT TRANSMISSION MENU options [SCMC PCMM REJECT TRANS MENU], and the SYSTEMS LINK MONITOR [HL MESSAGE MONITOR.]

d. **Service or Section Chief.** The Service or Section Chief who has responsibility for the Primary Care Program within a given facility is responsible for ensuring systems are set in place to assign and inactivate patients according to these standardized rules set forth in this Directive.

5. REFERENCES: Implementation Guide and PCMM Manuals are available on the VA intranet at: http://www.va.gov/vdl/#clinical.

6. FOLLOW-UP RESPONSIBILITY: The Office of Primary Care (11PC) is responsible for the contents of this Directive. Questions need to be addressed to the National Director of the Primary Care Program 202-273-8558.

7. RESCISSION: VHA Directive 2003-063, dated October 23, 2003, is rescinded. This VHA Directive expires November 30, 2011.

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